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FAX TRANSMISSION

DATE: November 21, 2003

PTO IDENTIFIER: Application Number 09/271,584
Patent Number

Inventor: Eduardo BLUMWALD et al.

MESSAGE TO: A. Kubelik

FAX NUMBER: (703) 872-9307

FROM: MORRISON & FOERSTER LLP
Otis Littlefield

PHONE: (415) 268-6846

Attorney Dkt. #: 529642000200

PAGES (Including Cover Sheet): 8

CONTENTS: Transmittal (1 page)
Fee Transmittal (in duplicate, 2 pages)
Petition for Extension of Time (1 page)
Notice of Appeal (1 page)
Communication Regarding Extension Fees (2 pages)

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MORRISON & FOERSTER LLP
425 Market Street, San Francisco, California 94105
Telephone: (415) 268-7000 Facsimile: (415) 268-7522

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/271,584	
	Filing Date	March 18, 1999	
	First Named Inventor	Eduardo BLUMWALD	
	Art Unit	1638	
	Examiner Name	A. Kubelik	
Total Number of Pages in This Submission	7	Attorney Docket Number	528642000200

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Communication Regarding Extension Fees (2 pages)
Remarks Sent via Facsimile (Facsimile Coversheet not counted as part of this submission)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Otis Littlefield - 48,751
Signature	<i>Otis Littlefield</i>
Date	November 21, 2003

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9307, on the date shown below.

Dated: November 21, 2003

Signature: *Valerie Cohen* (Valerie Cohen)

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																													
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SUBMITTED BY Name (Print/Type): Otis Littlefield Signature: <i>Otis Littlefield</i>		(Complete if applicable) Registration No. (Alien/Foreign): 48,751 Telephone: (415) 268-6846 Date: November 21, 2003																																																																																																																																																													

NOTE: PLEASE SEE ATTACHED COMMUNICATION REGARDING FEES.

PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 529642000200	
In re Application of Eduardo BLUMWALD et al.			
Application Number 09/271,584		Filed March 18, 1999	
For: GENETIC ENGINEERING SALT TOLERANCE IN CROP PLANTS			
Art Unit 1638		Examiner A. Kubelik	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: **\$420.00 (see attached communication)**

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952.

~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 48,751

November 21, 2003
Date

(415) 268-8848
Telephone Number

Otis Littlefield
Signature

Otis Littlefield
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.